

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER PROTECT APP-BASED DRIVERS AND SERVICES, A COALITION OF ON-DEMAND DRIVERS AND NETWORK COMPANIES, SMALL BUSINESSES, COMMUNITY GROUPS AND PUBLIC			Date of This Filing 04/07/2020	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422181	Report No. LCR #1666A			
STREET ADDRESS					
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	Amendment to Report No. 001 (explain below)		
			No. of Pages 3		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/25/2020	LYFT, INC San Francisco, CA 94107 Memo Reference: NON:\$497:323	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$11,070.00
02/29/2020	UBER TECHNOLOGIES, INC. San Francisco, CA 94103 Memo Reference: NON:\$497:327	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00
03/01/2020	LYFT, INC San Francisco, CA 94107 Memo Reference: NON:\$497:326	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$48,673.92

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

TO DISCLOSURE ACTUAL AMOUNT OF INKIND CONTRIBUTION

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AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422181	Report No. LCR #1666A			
STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages 3		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

TO DISCLOSURE ACTUAL AMOUNT OF INKIND CONTRIBUTION

Memo Reference: NON:S497:326

NON-MONETARY CONTRIBUTION FOR THE PERIOD 3/1 - 3/31/2020

Memo Reference: NON:S497:327

NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:323

NON-MONETARY CONTRIBUTION
